

D: The Clinic, the Doctors and You desire to enter into a private contract for services furnished by any of the Doctors to You.

AGREEMENTS:

- 1.) You accept full responsibility for payment of all charges for all services furnished by any of the Doctors.
- 2.) You understand that Medicare limits do not apply to what the Doctors may charge you for items or services furnished by the Doctors.
- 3.) You agree not to submit a claim to Medicare or to ask the Doctors or the Clinic to submit a claim to Medicare.
- 4.) You understand that Medicare payment will not be made for any items or services furnished to you by any of the Doctors that otherwise would have been covered by Medicare if there were no private contract and a proper Medicare claim had been submitted.
- 5.) You agree that You are entering into this contract with the knowledge that You have the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare, and that You are not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have opted out.
- 6.) The Doctors opt-out period will run from July 1, 2017 to June 30, 2019.
- 7.) You understand that Medigap plans do not, and other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.
- 8.) You acknowledge that You are not signing this contract during a time when You require emergency care or urgent services.
- 9.) This contract shall be binding upon and be enforceable by the parties and their respective legal representative, successors, and assigns.

IN WITNESS WHEREOF, this contract has been executed by the parties the day and year first above written.

Medicare Opt-Out Contract Signatures/Program Enrollment

Executive Health Care

By: Dudley M. McLinn, M.D.

It's: President

Dudley M. McLinn, M.D.

Jason J. Reed, M.D.

PATIENT NAME:

SIGNATURE:
